

www.mass.gov/abcc

CITY OR TOWN MELROSE
LICENSED FOR 2013
S YEAR
NC.
MA ZIP CODE: 02176
E:Club CATEGORY: All Alcohol
OUR EMAIL ADDRESS
R FLOOR CLUB ROOM.
or the same premises now licensed;
Commonwealth relating to taxes; and
explain below)
Corporate Officer
EMPLOYER IDENTIFICATION NUMBER:
(Note: NOT Individual Social Security Number)
(Note: <u>NOT</u> Individual Social Security Number) 1) the certificate required by Chapter 304 of the head of the fire department for the above
(Note: NOT Individual Social Security Number) 1) the certificate required by Chapter 304 of the head of the fire department for the above insurance required by Chapter 116 of the Acts
(Note: NOT Individual Social Security Number) 1) the certificate required by Chapter 304 of the head of the fire department for the above insurance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY
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(Note: NOT Individual Social Security Number) 1) the certificate required by Chapter 304 of the head of the fire department for the above insurance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	2:068600003		CITY OR TOWN	MELROSE	
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS			YEAR
LICENSEE NAME:	LT. NORMAN PR	RINCE POST #1506 V	FW OF U.S. INC.		
DOING BUSINESS	A				
ADDRESS 428-43 N	MAIN ST.				
CITY/TOWN: MEI	LROSE	STATE: MA	ZIP CODE:	02176	
MANAGER: PETE	ERS, ROBERT TY	PE OF LICENSE: Clu	b C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF I LOUNGE AND MAI I hereby certify and s 1. the renew 2. the license	LICENSED PREMI IN HALL CANTEE wear under penalties ed license will be of ee has complied with	N	same premises now nonwealth relating to		
	Individual, Partne	r or Authorized Corpo	orate Officer		
DATE:	TELEPHON	NE NUMBER:	EMPLOYER (Note: <u>NOT</u> Inc	R IDENTIFICAT	
Acts of 2004, signed	by the building in	e in possession (1) the spector and the head f liquor liability insu	l of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOCAL LICENS By:	SING AUTHO	DRITY
DATE:					



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LICENSE NUMBER: 068600004	C	CITY OR TOWN	MELROSE	\$
APPLICATION FOR RENEWAL:	Annual	LICEN	ISED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: MELROSE BLD	G. ASSOCIATION			
DOING BUSINESS A MELROSE LO	DGE OF ELKS #1031			
ADDRESS 75 MYRTLE ST.				
CITY/TOWN: MELROSE	STATE: MA	ZIP CODE:	02176	
MANAGER: GALVIN, DAN T	YPE OF LICENSE: Club	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EMAI	IL ADDRESS		」
DESCRIPTION OF LICENSED PREM	IISES:			
$2\ {\rm FLOORS},$ UPPER MAIN HALL & L	OWER CLUB ROOM			
I hereby certify and swear under penalti	es of perjury that:			
1. the renewed license will be o	of the same type for the sa	me premises now	licensed;	
2. the licensee has complied wi	th all laws of the Commo	nwealth relating	to taxes; and	
3. the premises are now open for	or business (If not explain	below)		
SIGNED BY		0.00		
Individual, Partn	er or Authorized Corpora	te Officer		
DATE: TELEPHO	NE NUMBER:			TION NUMBER:
		(Note: NOT In	dividual Social S	Security Number)
We the undersigned, attest that we a	re in possession (1) the c	ertificate requir	ed by Chapt	er 304 of the
Acts of 2004, signed by the building i	inspector and the head o	f the fire depart	ment for the	above
named license and (2) the certificate of 2010.	of liquor liability insura	nce required by	Chapter 116	of the Acts
Please Check Below: APPROVED:		LOCAL LICENS	SING AUTH	ORITY
DISAPPROVED:		By:		
(If disapproved explain)				
· · · · · · · · · · · · · · · · · · ·				
DATE:				
APPLICATION FOR RENEWAL MUST BE FILED BY	LICENSEES DURING THE MON	TH OF NOVEMBER (N	M.G.L. Ch. 138 \$ 10	6A)



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LICENSE NUMBER: 068600005	(CITY OR TOWN MELROSE	5
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: BELLEVUE GOLF DOING BUSINESS A ADDRESS 320 PORTER ST.	F CLUB		
CITY/TOWN: MELROSE	STATE: MA	ZIP CODE: 02176	
MANAGER: DESROSIERS,JAM TYPES J.	E OF LICENSE: Club	CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EMA	AIL ADDRESS	_
DESCRIPTION OF LICENSED PREMIS	SES:		
2 FLOORS UPPER MAIN HALL FUNT	ON ROOM, LOWER	CLUB ROOM.	
I hereby certify and swear under penalties	of perjury that:		
1. the renewed license will be of	the same type for the s	ame premises now licensed;	
2. the licensee has complied with	all laws of the Commo	onwealth relating to taxes; and	
3. the premises are now open for	business (If not explai	n below)	
SIGNED BY Individual, Partner	or Authorized Corpor	ate Officer	
DATE: TELEPHON	E NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social S	
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.	pector and the head	of the fire department for the	above
Please Check Below:		LOCAL LICENSING AUTH	ORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
DATE:			
APPLICATION FOR RENEWAL MUST BE FILED BY LI	CENSEES DURING THE MO	NTH OF NOVEMBED (M.C.I. Ch. 138 \$ 1	64)



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LICENSE NUMBER	a: 068600007		CITY OR	TOWN	MELROSI	3
APPLICATION FOR	R RENEWAL:	Annual		LICEN	ISED FOR 2	013
		CLASS				YEAR
DOING BUSINESS		TS OF COLUMB	US BLDG. A	ASSOC.	INC.	
ADDRESS 23 WEST	Γ FOSTER ST.					
CITY/TOWN: MEI	LROSE	STATE: MA	ZIP C	ODE:	02176	
	ARY, TYP	E OF LICENSE:C	lub	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
DESCRIPTION OF 12 FLOORS, FIRST F I hereby certify and s 1. the renew 2. the license	PLEASE ALSO VISIT OUR WEI LICENSED PREMIS FLOOR HALL AND U wear under penalties of ed license will be of the ee has complied with a ses are now open for the	ES: UPSTAIRS CANT of perjury that: he same type for the lall laws of the Con	EEN se same prem	iises now		
SIGNED BY	Individual, Partner	or Authorized Cor	oorate Office	er		
DATE:	TELEPHONE	E NUMBER:				ΓΙΟΝ NUMBER: Security Number)
Acts of 2004, signed	d, attest that we are in the building insp (2) the certificate of l	pector and the he	ad of the fire	e depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOCAL By:	LICEN	SING AUTH	ORITY
DATE:						



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LICENSE NUMBER: 068600	008	CITY OR TOWN MELROS	SE
APPLICATION FOR RENEV	WAL: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: STICK	, INC.		
DOING BUSINESS A STER	'NS + HILL'S BISTRO		
ADDRESS 505 MAIN ST			
CITY/TOWN: MELROSE	STATE: MA	ZIP CODE: 02176	
MANAGER: PALMER, MICHAEL	TYPE OF LICENSE: R	estaurant CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALS	SO VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENS			
the state of the s	SEAT FULL SERVICE REST. STREET FIRST FLOOR AND	AURANT OCCUPANCY ALL () BASEMENT.	OF
I hereby certify and swear und	ler penalties of perjury that:		
1. the renewed licens	e will be of the same type for th	ne same premises now licensed;	
2. the licensee has co	mplied with all laws of the Con	nmonwealth relating to taxes; and	d
3. the premises are no	ow open for business (If not exp	plain below)	
SIGNED BY			
Individ	lual, Partner or Authorized Corp	porate Officer	
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFICA	
		(Note: NOT Individual Socia	l Security Number)
Acts of 2004, signed by the	building inspector and the he	he certificate required by Chap ad of the fire department for th surance required by Chapter 1	ne above
Please Check Below:		LOCAL LICENSING AUT	HORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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LICENSE NUMBI	2K: 068600009		CITY OR TOWN	MELKOSE
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME DOING BUSINES		OOD GRILL & MAR	KET, INC	
ADDRESS 506 MA	AIN STREET			
CITY/TOWN: M	ELROSE	STATE: MA	ZIP CODE:	02176
	AINO(TURNER), TY THI E.	PE OF LICENSE: Rest	caurant C.	ATEGORY: All Alcohol
EMAIL ADDRESS		EBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF	F LICENSED PREMI	SES:		
STORE FRONT A MOVED, THE BA	T 512 MAIN ST. INC	TO INCORPORATE REASE SEATING CA RGED, ONE BATHR	AP. BY 40. THE D	OISH ROOM WILL BE
I hereby certify and	l swear under penalties	of perjury that:		
1. the rene	wed license will be of	the same type for the s	same premises now	licensed;
	-	all laws of the Comm	•	o taxes; and
3. the pren	nises are now open for	business (If not explain	in below)	
SIGNED BY	Individual, Partner	or Authorized Corpor	rate Officer	
DATE:	TELEPHON	E NUMBER:		R IDENTIFICATION NUMBER:
			(Note: NOT Inc	dividual Social Security Number)
Acts of 2004, sign	ed by the building in	spector and the head	of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED:	(1.1.)			
(If disapproved exp	nam)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 068600011	(CITY OR TOWN MELROSE
APPLICATION FO	OR RENEWAL:	Annual	LICENSED FOR 2013
		CLASS	YEAR
LICENSEE NAME DOING BUSINES	E: MEX-FAJITAS I S A PAULI'S	INC.	
ADDRESS 449 M	AIN ST		
CITY/TOWN: M	ELROSE	STATE: MA	ZIP CODE: 02176
	ORENO, FELIPE T' JESUS	YPE OF LICENSE: Resta	nurant CATEGORY: All Alcohol
EMAIL ADDRESS	S:		
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EMA	IL ADDRESS
	F LICENSED PREM		
3100 SQ FT OF RI IN REAR OF BLD		H 3 FRONT ENTRANC	ES AND TWO EMERGENCY EXITS
	mises are now open fo	or business (If not explain	
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, sign	ed by the building i	inspector and the head o	certificate required by Chapter 304 of the of the fire department for the above nnce required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp] 		LOCAL LICENSING AUTHORITY By:
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	068600013		CITY OR TOWN	MELROSE	E
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	AB FAB LLC				
DOING BUSINESS A	A ABSOLUTELY F.	ABULOUS			
ADDRESS 454 MAIN	N STREET				
CITY/TOWN: MEL	ROSE	STATE: MA	ZIP CODE:	02176	
MANAGER: GIOR	DANO, LENA TYP	E OF LICENSE:Re	estaurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF L	LEASE ALSO VISIT OUR WEI ICENSED PREMIS		MAIL ADDRESS		
I hereby certify and sv	vear under penalties	of perjury that:			
• •	d license will be of the		e same premises nov	v licensed;	
2. the licensee	e has complied with	all laws of the Com	monwealth relating	to taxes; and	
3. the premise	es are now open for b	ousiness (If not expl	ain below)		
CICNED DV					
SIGNED BY	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHONE	E NUMBER:			TION NUMBER:
			(Note: NOI In	dividual Social S	Security Number)
We the undersigned Acts of 2004, signed named license and (2 of 2010.	by the building insp	pector and the hea	d of the fire depart	ment for the	above
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: [If disapproved explain					
(11 disappioved expiai	··· <i>)</i>				
DATE:					



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LICENSE NU	MBER: 068600014		CITY OR TOW	N WELKUSE	2
APPLICATIO	ON FOR RENEWAL:	Annual	LICE	013	
		CLASS			YEAR
DOING BUSI		MANAGEMENT, LLC			
ADDRESS 10	00 SLAYTON RD				
CITY/TOWN	: MELROSE	STATE: MA	ZIP CODE:	02176	
MANAGER:	FARRELL, MICHAEL R	TYPE OF LICENSE: Rest	aurant	CATEGORY:	All Alcohol
EMAIL ADD	RESS:				
		R WEBSITE AND ENTER YOUR EM	AIL ADDRESS		
-	ON OF LICENSED PRE SOLF COURSE CLUBH				
	OLF COURSE CLUBF				
3. the SIGNED BY		for business (If not explain			
DATE:					70111W1 (DED
DATE.	TELEPH	ONE NUMBER:		ER IDENTIFICAT Individual Social S	
Acts of 2004,	, signed by the building	are in possession (1) the inspector and the head e of liquor liability insur	certificate requ of the fire depa	uired by Chapt artment for the	er 304 of the above
Please Check Bel			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROV (If disapprove					
PP	·r/				
DATE:					



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LICENSE NUMBER:	.068600016		CITY OR TOWN	MELROSE
APPLICATION FOR	RENEWAL:	Annual	LICENS	ED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	BOBBY C'S RISTO	RANTE,INC.		
DOING BUSINESS A	A BOBBY C'S RIST	ORANTE		
ADDRESS 20 MAIN	STREET			
CITY/TOWN: MEL	ROSE	STATE: MA	ZIP CODE:	02176
MANAGER: CROV ANN	VLEY, JULIE TYPI	E OF LICENSE:Re	staurant CA	TEGORY: All Alcohol
EMAIL ADDRESS:				
P	LEASE ALSO VISIT OUR WEE	BSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF L				
130 SEATS, FULL SI COMPLEX	ERVICE RESTAURA	ANT LOCATED W	ITHIN OAK GROVI	E VILLAGE
I hereby certify and sv	wear under penalties of	of perjury that:		
1. the renewe	d license will be of th	ne same type for the	same premises now l	icensed;
2. the license	e has complied with a	all laws of the Com	monwealth relating to	taxes; and
3. the premise	es are now open for b	ousiness (If not expl	ain below)	
SIGNED BY				
	Individual, Partner of	or Authorized Corp	orate Officer	
DATE:				
DAIL.	TELEPHONE	E NUMBER:		IDENTIFICATION NUMBER: vidual Social Security Number)
				•
Acts of 2004, signed named license and (2	by the building insp	pector and the hea	d of the fire departm	d by Chapter 304 of the ent for the above Chapter 116 of the Acts
of 2010.				
Please Check Below: APPROVED:			LOCAL LICENSI	NG AUTHORITY
DISAPPROVED:			By:	
(If disapproved explain	 n)			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUME	BER: 068600017		CITY OR TOWN	MELROSE	
APPLICATION I	FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAM	E: BABBETTE ONE	INC.			
DOING BUSINE	SS A McDONOUGH'S	FINE WINES			
ADDRESS 4 MA	IN STREET				
CITY/TOWN: N	MELROSE	STATE: MA	ZIP CODE:	02176	
MANAGER: M	IELLO,LEONARD TYP	PE OF LICENSE: Pac	kage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRES	SS:				
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION (OF LICENSED PREMIS	SES:			
	RETAIL SPACE IN A ROVE VILLAGE, MEL		N & NUMBERED	AS UNIT1,4	MAIN
	ensee has complied with emises are now open for		in below)		
	marviduai, i artiici	of Authorized Corpo	rate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOYER (Note: NOT Ind		ION NUMBER: ecurity Number)
Please Check Below: APPROVED:			LOCAL LICENS	ING AUTHO	ORITY
DISAPPROVED:	 :		By:		
(If disapproved ex	· · · · · · · · · · · · · · · · · · ·				
DATE.					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 068600018			CITY OR TOWN MELROSE		
APPLICATION FOR RENEWAL:		Annual	LICENSED FOR 2013		
		CLASS			YEAR
LICENSEE NAME: S	WEET THOUGHTS	LLC			
DOING BUSINESS A	SWEET THOUGHT	S			
ADDRESS 504 MAIN	STREET				
CITY/TOWN: MELR	OSE	STATE: MA	ZIP CODE:	02176	
MANAGER: PULAS	KI, JERRY PTYPE (OF LICENSE: Pac	kage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLI	EASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR EN	IAIL ADDRESS		
DESCRIPTION OF LI	CENSED PREMISES	: :			
SOO SQ. FTGIFT R STREETEXIT IN RI		JDING OFFICE S	TORAGEENTR.	ANCE ON M	IAIN
3. the premises	has complied with all are now open for bus	siness (If not expla	in below)		
•	norvidual, rurinor or	ruunorized eorpe	rate officer		
DATE:	TELEPHONE NUMBER:		EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
Please Check Below: APPROVED:			LOCAL LICENS	ING AUTHO	ORITY
DISAPPROVED:			By:		
(If disapproved explain)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 068600019		CITY OR TOWN MELROSE			
APPLICATION FOR RENEWAL:		Annual	Annual LICENSED FOR 2013		
		CLASS	3		YEAR
LICENSEE NA	AME: A LIFE STO	RY, INC			
DOING BUSIN	NESS A BEACON I	HILL WINE & GOUR	RMET		
ADDRESS 532	2-546 MAIN ST				
CITY/TOWN:	MELROSE	STATE:	MA ZIP CODI	E: 02176	
MANAGER:	BERALDI, REBECCA,	TYPE OF LICENSI	E:Package Store	CATEGORY	Y: Wine and Malt Regular
EMAIL ADDR	RESS:				
DESCRIPTION	PLEASE ALSO VISIT N OF LICENSED PR	OUR WEBSITE AND ENTER Y REMISES:	OUR EMAIL ADDRESS		
	premises are now ope	d with all laws of the one for business (If not artner or Authorized of	explain below)	ing to taxes, and	
DATE:	TELEF	PHONE NUMBER:		OYER IDENTIFICATION OYER I	
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LIC By:	CENSING AUT	HORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 068600020		CITY OR TOWN MELKOSE	2	
APPLICATION FO	OR RENEWAL:	Annual	LICENSED FOR 20	013	
		CLASS		YEAR	
LICENSEE NAME	E: SJ CHEN 2011 CO	RP.			
DOING BUSINESS	S A SPICE OF MELR	OSE			
ADDRESS 530 MA	AIN STREET				
CITY/TOWN: MI	ELROSE	STATE: MA	ZIP CODE: 02176		
MANAGER: CH P.	EN, SARUNYA TYP	PE OF LICENSE: Res	taurant CATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR WE	CBSITE AND ENTER YOUR EM	IAIL ADDRESS	_	
	F LICENSED PREMIS				
50 SEAT REST, 13 ENTRANCES/EXI	•	OOR LEVE W/LOW	ER BASEMENT STORAGE, 2		
I hereby certify and	swear under penalties	of perjury that:			
1. the rene	wed license will be of t	the same type for the	same premises now licensed;		
2. the licen	see has complied with	all laws of the Comn	nonwealth relating to taxes; and		
3. the prem	nises are now open for	business (If not expla	in below)		
SIGNED BY					
	Individual, Partner	or Authorized Corpo	rate Officer		
D . 177					
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
			(10te. 101 marvidan Social S	security (valider)	
Acts of 2004, sign	ed by the building ins	pector and the head	e certificate required by Chapt of the fire department for the rance required by Chapter 116	above	
Please Check Below:			LOCAL LICENSING AUTH	ORITY	
APPROVED:]		By:		
DISAPPROVED:					
(If disapproved exp	olain)				
DATE:					
DAIL.					